

**BUT THEN, MANY INTERNISTS WITH AN ADULT PRACTICE ARE NOT  
THAT ANXIOUS TO TAKE ON ADOLESCENTS AS PATIENTS.**

**SO, AGAIN THEY FALL THROUGH THE CRACKS.**

**SERVICES MUST NOT SIMPLY BE IN THE COMMUNITY --AS  
IMPORTANT AS THAT IS-- THEY MUST ALSO BE  
COORDINATED**

**ONE OF THE MAJOR PROBLEMS IN DEALING WITH ADOLESCENT  
HEALTH NEEDS IS THE PROBLEM OF FRAGMENTED SERVICES.**

**SO FAR THE RESPONSE OF CONCERNED CITIZENS AND  
LEGISLATORS HAS BEEN TO SET UP A NUMBER OF PROGRAMS  
OR SERVICES, EACH DESIGNED TO DEAL WITH A SPECIFIC  
PROBLEM: AIDS, CHILD ABUSE, TEENAGE PREGNANCY, DRUGS,  
AND SO FORTH.**

**BUT THE LACK OF COLLABORATION BETWEEN THESE PROGRAMS  
CAN BLUNT THEIR SUCCESS, OR EVEN DOOM THEM TO FAILURE.  
BUREAUCRATIC MYOPIA, RIGID REPORTING PROCEDURES,  
OVERLY RESTRICTED FUNDING, AND PLAIN INSENSITIVITY TO THE  
LARGER PICTURE OF THE ADOLESCENT'S WORLD CAN DOOM THE  
BEST INTENDED PROGRAM.**

**FRAGMENTATION OF SERVICES CAN LEAD TO BITTER  
FRUSTRATION.**

**FOR EXAMPLE, AN ADOLESCENT WHOSE NEEDED MEDICAL CARE  
IS PAID FOR BY MEDICAID CAN LOSE ELIGIBILITY FOR MEDICAID  
IF HIS MOTHER GOES TO WORK OR REMARRIES.**

**OR A TEEN ALCOHOL ABUSER MAY FINISH AN ALCOHOL ABUSE  
PROGRAM, BUT IN THE MEANTIME HAS TAKEN TO COCAINE,  
BECAUSE THE PROGRAM HAS NOT TOUCHED THE BASIC  
BEHAVIORAL PROBLEM.**

✓  
A TEENAGE MOTHER MAY BE DENIED ENTRY INTO A PARENTING  
PROGRAM BECAUSE SHE HAS NOT DROPPED OUT OF SCHOOL  
AND THEN RE-ENROLLED.

A HOMELESS TEENAGER MAY BE DENIED A VARIETY  
OF SERVICES BECAUSE HE/SHE HAS NO ADDRESS.

✓ SERVICES MUST BE COORDINATED TO BE RESPONSIVE TO  
ADOLESCENTS AND FAMILIES TO PREVENT GAPS IN SERVICE, AND  
TO KEEP SERVICES FROM BEING PROVIDED SEPARATELY FROM  
EACH OTHER.

STRONG LEADERSHIP AND COMMITMENT ARE NEEDED AS  
PEOPLE AND GROUPS WORK TOGETHER TO IMPROVE DELIVERY  
OF SERVICES. ✓

THE FURTHER THE ADMINISTRATION OF THE PROGRAMS GET  
FROM THE LOCAL LEVEL, THE LESS SUCCESSFUL THEY WILL BE.  
LOCAL GROUPS SEE THE LOCAL PROBLEMS THE MOST CLEARLY.

THEY NEED TO BE GIVEN THE POWER AND THE FUNDS TO DO  
WHAT NEEDS TO BE DONE FOR THEIR YOUNG PEOPLE. THEY  
KNOW HOW TO LINK SELF-HELP GROUPS WITH HEALTH  
PROGRAMS. THEY ARE THE ONES WHO CAN INSURE  
COLLABORATION WITHOUT BAFFLING COMPLEXITY.

THE PLACE WE NEED THE GREATEST COORDINATION, THE  
CLOSEST COLLABORATION, IS BETWEEN THE HEALTHCARE  
SERVICES AND THE SCHOOLS.

THE CLOSE CONNECTION BETWEEN THE PROBLEMS OF  
ADOLESCENT HEALTH AND THE PROBLEMS OF ADOLESCENT  
EDUCATION HOLD THE PERIL OF COMMON DESTRUCTION..... OR  
THE OPPORTUNITY OF JOINT SOLUTION.

**THOSE ADOLESCENTS WHO HAVE GOOD HEALTH, A STRONG SELF-IMAGE, WHO ARE PHYSICALLY FIT, WILL BE LESS INCLINED TO RISK A BRIGHT FUTURE BY ENGAGING IN RISKY BEHAVIOR, IN DRUG OR ALCOHOL ABUSE.**

**BUT THE ADOLESCENT DOING POORLY IN SCHOOL, FACING A DARK FUTURE, MAY READILY SEEK ESCAPE IN DRUGS, ALCOHOL, GANGS, AND THEN OF COURSE, FALL EVEN FURTHER BEHIND.**



**A MINNESOTA STATE-WIDE STUDY CONFIRMED THAT ADOLESCENTS WITH LOW GRADES IN SCHOOL WERE TWO TO FIVE TIMES MORE LIKELY TO SMOKE DAILY, USE ALCOHOL EXCESSIVELY, BE SEXUALLY PROMISCUOUS, AND ATTEMPT SUICIDE THAN TEENS WITH ABOVE-AVERAGE GRADES. THIS FINDING WAS ACROSS THE BOARD, FOR ALL RACIAL AND ETHNIC GROUPS.**

**IT IS FOOLHARDY FOR AMERICANS TO BE CONCERNED ABOUT  
THE AMERICAN SCHOOLS WITHOUT SIMILAR CONCERN FOR THE  
HEALTH OF AMERICAN SCHOOL CHILDREN AND ADOLESCENTS.  
HEALTH AND EDUCATION CAN NO LONGER BE TREATED AS  
SEPARATE SPHERES.**

**ALL TOO OFTEN, TODAY, THE SCHOOL NURSE, THE NUTRITION  
COUNSELOR, THE PHYSICAL EDUCATION PROGRAMS ARE SIMPLY  
NOT MEETING THE REAL HEALTH NEEDS OF ADOLESCENT  
STUDENTS.**

**FOR EXAMPLE SUCCESSFUL "MAINSTREAMING" SPECIAL NEEDS STUDENTS REQUIRES INTENSE COLLABORATION BETWEEN HEALTH AND EDUCATION PERSONNEL.**

**EDUCATIONAL AND HEALTH SERVICES DEAL WITH MANY OF THE SAME PROBLEMS, SO THEY SHOULD GET THEIR ACT\$TOGETHER.**

✓  
/ BUT WE NEED SCHOOL-HEALTH COORDINATION NOT ONLY  
BECAUSE THE PROBLEMS ARE INTERTWINED, BUT ALSO  
BECAUSE FOR HEALTH SERVICES TO ~~BE~~ REACH ADOLESCENTS  
THEY MUST BE CONVENIENT TO USE.

AND SINCE SCHOOL IS ONE PLACE THE ADOLESCENT SHOULD BE,  
IT IS THE BEST PLACE TO LOCATE A PRIMARY HEALTHCARE  
FACILITY. AND MAYBE HAVING THE SCHOOL AND CLINIC  
TOGETHER WILL MAKE THE ADOLESCENT MAKE BETTER USE OF  
EACH.

**RIGHT NOW, THINGS DO NOT OPERATE VERY EFFECTIVELY.**

**AT POLICY AND POLITICAL LEVELS WE HAVE RESPONDED WITH  
SINGLE ISSUE OR CATEGORICAL PROGRAMS AS EACH HUMAN  
SERVICE CONCERN IS BROUGHT TO NATIONAL ATTENTION. IN  
THIS COUNTRY, HEALTH AND EDUCATION SERVICES ARE  
PROVIDED BY A COMPLEX MIX OF PUBLIC, PRIVATE AND  
VOLUNTARY AGENCIES AND ORGANIZATIONS.**

**WE MUST DEVELOP NEW ORGANIZATIONAL RELATIONSHIPS  
AMONG SCHOOLS, PHYSICIANS, PUBLIC HEALTH AGENCIES AND  
SOCIAL SERVICE ORGANIZATIONS. IN ADDITION, FEDERAL AND  
STATE SYSTEMS MUST ALLOCATE NECESSARY RESOURCES AND  
ESTABLISH CONDITIONS THAT FACILITATE THE DEVELOPMENT OF  
THESE NEW ORGANIZATIONAL RELATIONSHIPS IN LOCAL  
JURISDICTIONS.**

**WE MUST ORGANIZE HEALTH AND EDUCATION SERVICES IN WAYS  
THAT ACKNOWLEDGE THE COMPLEXITY OF SOCIAL  
ENVIRONMENTS AND ADDRESS SUCH CONCERNS AS THEY  
EMERGE.**

**AS THE NEEDS OF CHILDREN AND FAMILIES EXPAND AND  
BECOME MORE COMPLEX, IT IS MORE AND MORE APPARENT  
THAT BOUNDARIES OF PROFESSIONAL RESPONSIBILITY AS  
REFLECTED IN OUR EXISTING SERVICE DELIVERY SYSTEM ARE  
OFTEN DYSFUNCTIONAL.**

**THERE ARE SEVERAL POPULATIONS OF ADOLESCENTS  
CURRENTLY BEING SERVED INDEPENDENTLY BY HEALTH AND  
EDUCATION PROVIDERS. INSTEAD, WE MUST MAKE CHANGES IN  
THE SERVICE SYSTEM THAT ALLOW PROFESSIONALS TO PROVIDE  
SERVICES TO ADOLESCENTS AND FAMILIES COLLABORATIVELY  
BECAUSE OF THE CHANGING SOCIAL CONTEXT WHERE  
ADOLESCENTS COME TO SCHOOL WITH EDUCATIONAL  
PROBLEMS WHOSE ORIGINS AND SOLUTIONS LIE AS MUCH IN  
THE AREA OF HEALTH AS IN EDUCATION.**

**HEALTH AND EDUCATION SERVICE PROVIDERS MUST CREATE  
CHANGES IN THE EXISTING SERVICE DELIVERY SYSTEM THAT  
ENABLE EFFECTIVE COLLABORATION.**



**OUR MANY FRAGMENTED ATTEMPTS TO DEAL WITH THE HEALTH  
AND EDUCATIONAL PROBLEMS OF ADOLESCENTS HAVE  
PRODUCED AT LEAST ONE GOOD MODEL OF A COORDINATED  
PROGRAM. THE SPECIAL EDUCATION EXPERIENCE OF THE  
LAST TWO DECADES IS ONE EARLY EFFORT TO ENCOURAGE  
COOPERATION BETWEEN HEALTH AND EDUCATION  
PROFESSIONALS.**

✓

**P.L. 94-142 INSURED THE PROVISION OF FREE, APPROPRIATE PUBLIC EDUCATION SERVICES TO CHILDREN WITH SPECIFIC HANDICAPPING CONDITIONS. IT ALSO OUTLINED A PROCESS WHEREBY THESE CHILDREN WOULD, TO THE EXTENT POSSIBLE, BE EDUCATED IN THE LEAST RESTRICTIVE ENVIRONMENT. BECAUSE MANY OF THESE CHILDREN WERE MEDICALLY FRAGILE OR HAD SPECIAL HEALTH NEEDS, HEALTH PROFESSIONALS BECAME INVOLVED IN DESIGNING, AND OFTEN IMPLEMENTING, INDIVIDUAL EDUCATION PLANS FOR EACH CHILD.**

**IN EFFECT, THE LEGISLATION MANDATED COOPERATION  
BETWEEN HEALTH AND EDUCATION PROFESSIONALS,AND  
SYSTEMS WERE PUT INTO PLACE TO STREAMLINE THIS SERVICE  
COORDINATION IN WAYS THAT WOULD BEST ADDRESS THE  
NEEDS OF THIS CATEGORICAL PROGRAM .**

**P.L. 94-142 DEMONSTRATED THE NEED FOR A BETTER WAY TO  
COORDINATE A BROAD RANGE OF SERVICES FOR CHILDREN WITH  
HANDICAPPING CONDITIONS.**

**WHILE IT DID NOT FORMALLY ENCOURAGE COLLABORATION BETWEEN THOSE WHO PROVIDE HEALTH AND EDUCATION SERVICE, IMPLEMENTORS IDENTIFIED SEVERAL ISSUES RELATED TO SERVICE COORDINATION THAT NEEDED TO BE ADDRESSED IN ORDER TO BETTER SERVE THE TARGETED POPULATION.**

**FOR THE FIRST TIME IN THE FEDERAL EDUCATION LEGISLATIVE PROCESS, STATES WERE CHALLENGED TO MAKE CHANGES IN EXISTING SERVICE SYSTEMS THROUGH A COORDINATED, MANAGED EARLY INTERVENTION PROCESS.**

**SOME OF THE MOST CREATIVE EXAMPLES OF COLLABORATION BETWEEN EDUCATION AND HEALTH PROFESSIONALS CAN BE FOUND IN THE EXTENSIVE INTERAGENCY PLANNING PROCESS THAT IS NOW OCCURRING AS STATES CREATE SERVICE DELIVERY SYSTEMS IN LOCAL JURISDICTIONS FOR INFANTS AND TODDLERS WITH HANDICAPS AND THEIR FAMILIES.**

**IN SUCH A SYSTEM, PUBLIC AND PRIVATE HEALTH, EDUCATION AND SOCIAL SERVICE PROFESSIONALS COORDINATE THEIR SERVICES IN THE INTERESTS OF CHILDREN AND FAMILIES RATHER THAN IN THE INTERESTS OF THE SERVICE SYSTEMS. IN THIS WAY, ADEQUATE RESOURCES ARE GARNERED AND PROVIDERS ARE APPROPRIATELY SUPPORTED AND REIMBURSED.**

COORDINATING THE SCHOOLS AND HEALTHCARE SERVICES WILL  
MEAN SHELVING SOME OLD SUSPICIONS.

ONCE I TRIED TO GET SOME SCHOOL-BASED CLINICS GOING IN \_\_  
MILWAUKEE, BUT IMMEDIATELY RAN INTO OPPOSITION BECAUSE  
MOST PEOPLE ASSOCIATED SCHOOL-BASED CLINICS  
EXCLUSIVELY WITH CONTRACEPTION AND PREGNANCY ISSUES.  
ACTUALLY, GOOD SCHOOL-BASED CLINICS FIND THAT  
CONTRACEPTION OR PREGNANCY ISSUES AMOUNT TO ONLY 6  
PERCENT OF THEIR WORK.

**ANOTHER GOOD REASON TO PLACE CLINICS AND SCHOOLS  
TOGETHER IS THAT IT WILL ENABLE HEALTH CONSULTATIONS TO  
OCCUR WITH GREATER  
CONFIDENTIALITY.**

**CONFIDENTIALITY IS ESSENTIAL.**

**THERE IS A PERVASIVE DISTRUST IN THE ADOLESCENT  
COMMUNITY.**

WHEN I WAS FILMING FOR THE TV SPECIAL ON ADOLESCENT  
HEALTH, I ARRANGED FOR SOME CANDID TALK WITH KIDS IN  
MINNEAPOLIS. MEETING WITH THEM INVOLVED GOING THROUGH  
STEPS LIKE THOSE WE SEE IN MOVIES ABOUT THE MAFIA:

*A* RENDEZVOUS IN DINGY RESTAURANTS, ~~LOOKOUTS AT THE~~  
*TEENS DRIVING IN AFTER*  
*I WAS IN PLACE*  
~~DOORS AND WINDOWS~~, AND SUSPICION SO THICK YOU COULD  
CUT IT WITH A KNIFE.



**MY INITIAL GREETING BY ONE OF THESE YOUNGSTERS WAS, "I  
DON'T TRUST YOU. I DON'T LIKE YOU. YOU WORKED FOR THE  
GOVERNMENT, SO YOU MUST BE A LIAR."**

**OBVIOUSLY, DISTRUST OF PUBLIC OFFICIALS MUST BE  
OVERCOME IF WE EXPECT THE PUBLIC SECTOR TO HAVE A  
POSITIVE IMPACT UPON ADOLESCENTS AND THEIR HEALTH.  
ASSURING CONFIDENTIALITY IS ESSENTIAL.**